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PORTLAND, OR 97204					Sally Hou	ik		(Depositor's name)	
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				L	26-Feb-2	010		(Date)	
APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR		DR ATTORNEY DOCKET N		NEY DOCKET NO.	O. CONFIRMATION NO.	
09/664,578	09/664.578 09/18/2000		Stephen C. Roderick			10	3952		
TITLE OF INVENTION									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DU	E P	UBLICATION FEE DUE		EFEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755		\$0	\$0		\$755	03/23/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS	J				
BASEHOAR, ADAM L 2178				715-513000					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55.)  Change of correspondence address for Change of Correspondence Address form PTOSB/12) attached.  "Fee Address" indication for "Fee Address" Indication form PTOSB/12) attached.  TOSB/147, Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.  AMBIGINEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignce is identified below, no assigne				2. For printing on the patient front page, list (1) the names of up to 3 registered patient atterneys or agents OR, atternatively. (2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to listed, no name will be printed.  THE PATENT (print or type) that will appear on the patient. If an assignce is identified below, the document has been filed for Ta aubstitute for filing an assignment.					
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	s SMALL ENTITY state	s. See 37 CFR 1.2	7. [	☐ b. Applicant is no lo	onger claiming SMA	LL ENT	TITY status. See 37 C.	FR 1.27(g)(2).	
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